

**Annual Report of Self-Insured Voluntary Plan Transaction
As required by California Code of Regulations, title 22, section 3267-2**

Voluntary Plan #: 99-

Report for Calendar Year:

Number of CA employees covered
at the end of the calendar year:

(See reverse side for instructions to complete this form)

1. Beginning VP Fund Balance as of December 31st
2. Income received during calendar year:

\$

A. Employee contributions withheld

\$

B. Employer contributions

\$

C. Interest income from VP Fund
(Bank deposits, investments, interest)

\$

D. Other income:

\$

(Indicate employer loan to plan, workers' compensation reimbursement, benefits reimbursed by EDD, employee overpayment recovery, funds transferred from other VPs, etc.)

E. Total Income (2 A, B, C, & D)

\$

3. Expenses during calendar year:

A. Third Party Administration Fees

\$

B. Employer Internal Administrative Expense.

\$

C. VP Assessment paid to Department
(line K on DE 3D) If charged to Plan

\$

D. Other Authorized Expenses
(i.e., Security Premiums, IME, Appeals, etc.)

\$

E. Benefits paid

\$

F. Total Expenses (3 A, B, C, D, & E)

\$

4. Ending VP Fund Balance as of December 31st. (Add 1 & 2E minus 3F)

\$

5. Location of VP Funds:

Commercial Account \$ Bank & Address:

Savings Account \$ Bank & Address:

Other (explain) \$ Bank & Address:

6. _____ () _____

Print Name

Title

Phone

Date

THIS REPORT IS DUE ON FEBRUARY 15th OF EACH YEAR.

MAIL COMPLETED FORM TO: Employment Development Department
Voluntary Plan Group, MIC 29A
P.O. Box 826880
Sacramento, CA 94280-0001

**INSTRUCTIONS FOR COMPLETING
REPORT OF SELF-INSURED VOLUNTARY PLAN TRANSACTIONS, DE 2568V**

Enter your company name and mailing address in the box to the left.

Enter your Voluntary Plan Number beginning with 99-.

Enter the calendar year for which you are reporting statistics.

Enter the number of California employees covered at the end of the calendar year.

1. BEGINNING TRUST FUND BALANCE AS OF December 31st. (Enter the previous year ending balance from the DE 2568V).
2. INCOME RECEIVED DURING THE CALENDAR YEAR :
 - A. Enter the total amount of contributions withheld from all employees covered by the plan.
 - B. Enter the total amount of employer contributions paid by the employer under the terms of the plan. The amount is a contribution, not a loan, and cannot be reclaimed at a future date. It includes contributions an employer makes on behalf of all employees or a class of employees. It also includes an employer's share of benefit payments if such a cost commitment is made in the text of the plan.
 - C. Enter all interest, investments, or bank deposit income whether earned in a separate account or the attributable percentage earned by the employer's commercial account.
 - D. Enter the total amount of other income and briefly specify the source: i.e., employer loan to plan, recovered overpayment amount, amount transferred from other VP accounts, workers' compensation reimbursement amount, EDD reimbursement, etc.
 - E. Enter the total income during the calendar year. Total items 2 A, B, C, & D.
3. EXPENSES DURING CALENDAR YEAR:
 - A. Enter the total amount of third party administrator fees charged to the plan.
 - B. Enter the total amount of employer's internal administrative expenses: i.e., phone usage, staff time, postage, equipment use, etc.
 - C. Enter the amount of assessments paid to the EDD as shown on line K of the Quarterly Contribution Return, DE 3D, if charged to the plan.
 - D. Enter the total amount of approved other costs charged to the fund during the calendar year, and briefly explain. This is the proper line to show repayment of loans the employer has made to the plan, security premiums, IME costs, appeals, etc.
 - E. Enter the total amount of claim benefits paid in the calendar year.
 - F. Enter the sum of all expenses, items 3 A, B, C, D & E.
4. ENTER THE TRUST FUND BALANCE AS OF DECEMBER 31st OF THIS REPORTED YEAR. ITEM 1 & 2E, MINUS 3F.
5. Show the VP Fund amount, even if comingled with employer's account, and indicate the name and address of the bank where the funds are located. If the funds are held in an investment account, enter this information on the line marked "other" and explain where the funds are.
6. Please clearly print the name, title, and phone number of the person completing the form. Indicate date completed.

THIS REPORT IS DUE ON FEBRUARY 15th OF EACH YEAR.

NOTE: Show "**AMENDED**" at the top of any corrected reports.

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